PATENT APPLICATION FEE DETERMINATION RECORD									Application or Docket Number				
Effective October 1, 2000									10	10	42	935	
	CLAIMS AS FILED - PART I							SMALL ENTITY			ОТНІ	ER THAN	
	TOTAL CLAIM	1S	(Colui	(Column 1) (Column 2)			TYPE			OF		L ENTITY	
FOR				-			RA [*]	ΓE	FEE		RATE	FEE	
II⊢		NUMBE	NUMBER FILED		MBER EXTRA	BASIC	FEE	355.0	O OR	BASIC FI	EE 710.00		
	OTAL CHARG	n	minus 20=			X\$:	9=		OR	X\$18=	:		
╟─	INDEPENDENT CLAIMS			minus 3 =			X40	·)=	·	OR	X80=	1	
L	ULTIPLE DEP	ENDENT CLAIM	PRESENT	RESENT			.40			7		+	
•	If the difference	ce in column 1 i	s less than	zero, enter	"0" in	column 2	+135			OR	L		
		TOTA	AL L		OR	TOTAL	L						
_	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							LL EN	VTITY	OR		R THAN - ENTITY	
AMENDMENT A		, CLAIMS REMAINING		HIGH NUME	EST	PRESENT			ADDI-	7		ADDI-	
		AFTER AMENDMENT		PREVIC PAID I		EXTRA	RAT	E T	IONAL FEE	-	RATE	TIONAL FEE	
	Total	. 15	Minus	" Z	O		X\$ 9			OR	X\$18=	1	
	Independent	. 4	Minus		3	=	X40=			1 1	X80=	9/	
L	FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM	1				OR		180.	
		•					+135: TOT			OR	+270=		
	•	(0.1						EE		OR ,	TOTAL ADDIT. FEE		
AMENDMENT B	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							- , .	· ·	, _f		7	
		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	JSLY	PRESENT EXTRA	RATE	TIC	DDI- ONAL EEE		RATE	ADDI- TIONAL	
	Total	•	Minus	**		=	X\$ 9=		<u> </u>		X\$18=	FEE	
	Independent	*	Minus	***		=		+-		OR			
_	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDENT (CLAIM		X40=	_		OR	X80=		
	*.					,	+135=			OR	+270=		
								E		OR A	TOTAL DDIT. FEE		
-		(Column 1) CLAIMS		' (Column		(Column 3)					•		
		REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	RATE	TIC	DDI- NAL EE		RATE	ADDI- TIONAL	
	Total	•	Minus	**		=	X\$ 9=	1			X\$18=	FEE	
	Independent	•	Minus	***		=	X40=	-		OR			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	X80=		
+135=										OR	+270=		
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL ADDIT. FEE The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR AD	TOTAL DIT. FEE		
T	ne "Highest Numi	per Previously Paid	For" (Total or	SPACE is le Independent)	ss than is the h	3, enter "3." nighest number f			ate box	in colum	n 1.		
													